

A STUDY OF PSYCHOSOCIAL FACTORS INFLUENCING  
ALCOHOL USE AMONG SAUDI ARABIANS

A THESIS

SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR  
THE DEGREE OF MASTER OF SOCIAL WORK

BY

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ATLANTA, GEORGIA

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## ABSTRACT

### SOCIAL WORK

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#### A STUDY OF PSYCHOSOCIAL FACTORS INFLUENCING

#### ALCOHOL USE AMONG SAUDI ARABIANS

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Thesis dated May 2012

Alcohol use and abuse are prevalent in the Kingdom of Saudi Arabia (KSA), and there are many social and psychological factors that lead to this dilemma. The majority of alcohol users in KSA are at risk for alcohol abuse as well as developing social, psychological, and physical problems. The focus of this cross-sectional study is psychosocial factors that cause alcohol use and abuse in KSA, as well as examining sociodemographic characteristics in order to determine the susceptibility of Saudi Arabians to use alcohol based on their characteristics. The study is designed to identify the non-separable relationship between certain social and psychological factors that influence alcohol use among Saudi Arabians (SA). However, there is no statistically significant relationship between the variables based on a 0.05 level of probability between the variables. Nonetheless, the findings of this study can be utilized by social workers to address the issues and the need for intervention strategies to manage this issue among Saudi population. Theoretical approaches should be used in education, prevention, and treatment of alcohol use among SA.

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## CHAPTER I

### INTRODUCTION

High-risk alcohol consumption is a challenging globalized health and social problem. There is no doubt that significant health problems occur when people abuse alcohol to the point that alcohol industries willingly inform consumers about the danger of alcohol abuse. However, moderate (low-risk) alcohol consumption is certainly an appropriate use of alcohol for an estimated 2 billion consumers around the world.

Although alcohol use is very acceptable in the western culture, alcohol has been entirely forbidden and prohibited in many nations in the world due to their laws, social policies, and, in large part, religions (Muslim dominated countries) (Freeman & Parry, 2006).

Kingdom of Saudi Arabia (KSA) is located in the heart of Muslims' world. KSA adopted Sharia law (Islamic Constitutional Law) as the kingdom of Saudi Arabia's law. Under the Sharia law, alcohol production, distribution, handling, and consumption are firmly prohibited. Based on Sharia law, anyone who is involved in alcohol related social and commercial activities would be prosecuted and punished by law. This law is based on religious (Islamic Religion) perspective. Another perspective would be the Islamic social norm. Muslim people who consume alcohol are stigmatized and outcast by the society as Najess: people with sin. It is a social and cultural disgrace for family members to have an alcoholic among them. Families do their best to keep family members away

from alcohol consumption. Unfortunately, with all social, cultural, religious, and legal restrictions against the use of alcohol, high-risk consumption and/or alcohol dependency are major problems among the people of Saudi Arabia (AlMarri & Oei, 2009).

“Addiction is defined as a primary, chronic disease of brain reward motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death” (American Society of Addiction Medicine [ASAM], 2011, p. 1).

ASAM (1990) defines alcoholism as “a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations” (p. 1). According to ASAM, “the disease is often progressive and fatal. It is characterized by continuous or periodic: impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial” (p. 1).

The above mentioned definitions of addiction and alcoholism constitute a certain pattern of the development and continuation of alcohol (drug) consumption in the Saudi

society. Many possible factors can lead to alcohol use and abuse. Among those factors are social and psychological issues (Freeman & Parry, 2006).

Even though there are significant studies conducted on related factors that lead to alcohol use, abuse, and alcoholism (Freeman & Parry, 2006; Saatcioglu, Erim, & Cakmak, 2006; Chipperfield & Vogel-Sprott, 1988; Finger, Kachadourian, Molnar, Eiden, Edwards, & Leonard, 2010; Donovan, 2004; MacGowan & Rice, 2003; NIAAA of NIH, n.d.; Momtahan, 2003), there are not enough studies conducted about psychosocial factors causing alcohol abuse/dependency in KSA (AlMarri & Oei, 2009; Al-Haqwi, 2010; Iqbal, 2000; Hafeiz, 1995; Amir, 2001; Albrithen, 2006). Therefore, in order to prevent alcohol use and abuse, especially in KSA, the problem has to be identified from the perspective of alcohol use initiation and reasons for consumption (Albrithen, 2006).

There are many psychosocial factors that lead to the problem of alcohol use and abuse in KSA. Although this research explains some factors in development of alcoholism in KSA, there must be more studies and research to identify further psychosocial issues related to alcohol use and abuse among people of KSA. The focus of this study is psychosocial factors that cause alcohol use and abuse in KSA, as well as examination of sociodemographic characteristics in order to determine the susceptibility of Saudi Arabians to use alcohol based on their characteristics.

### Statement of the Problem

Over the past decade, alcohol problems have increased drastically, and alcohol use and abuse rates have escalated exponentially. According to the World Health

Organization (WHO) (2004), there are approximately two billion individuals around the world who drink alcohol, including the Muslim Nation of KSA. “Alcohol is the world’s third largest risk factor for disease burden” (WHO, 2001, para. 1). Also, 2.5 million people die as a result of the detrimental consumption of alcohol. Around one-fifth of those are youth between ages 15 to 29. Moreover, alcohol causes many serious psychosocial issues among Saudi Arabians, based on information researched by Saudi Arabia’s Mental Health Centers and analysis by the World Health Organization in the Middle East (WHO, 2001). Alcohol use and abuse issues in KSA have increased in recent years, even though a statistical study shows a stable trend in alcohol use in KSA (WHO, 2011; WHO, 2004). According to the data collected between 1990-2006 by the WHO Regional office for Eastern Mediterranean (WHO, 2011; WHO, 2004), alcohol consumption rate in KSA is almost zero (Chen & Yin, 2008). These statistics do not include unrecorded consumption. In fact, not only has alcohol use not been reduced, it has increased in recent years (WHO, 2011).

It is hard to offer an exact estimate of the rate of alcohol use in KSA because of the absence of consistent statistical reports (AlMarri & Oei, 2009; Al-Haqwi, 2010). In spite of that, reports from the ministry of health in KSA confirmed a significant increase in production and consumption-related issues to alcohol use and abuse among people of KSA (Al-Haqwi, 2010).

Albrithen (2006) states that the number of alcohol related incidents (i.e, car crashes, domestic violence, child abuse, overdoses/intoxication, and death) has drastically increased. The number of people who were involved in alcohol drinking incidences between 1995 and 2002 has doubled. While an estimated 5,093 people

experienced alcohol related problems in 1995, this number increased to 11,047 respectively by the end of 2002 (Albrithen, 2006). Moreover, within the last two years addiction has increased 300% among men in the Eastern Region, according to Alzahrani (2009), as cited in “Increase the Rate of Addiction in Saudi Arabia.” The recorded (based on estimation) average consumption of alcohol in KSA in 2003-2005/adult (15+)/capita was only 0.05 liters of pure alcohol; the estimated unrecorded average consumption was 0.20 Ls of pure alcohol (WHO, 2011). Unrecorded consumption included traditionally brewed beverages, smuggling, tourist consumption, and cross border trade (Freeman & Parry, 2006). It is more prevalent in the Eastern Region of the kingdom because alcohol can be bought from neighbors (WHO, 2004).

As KSA laws are based on Islamic religion, alcohol use is forbidden and socially stigmatized in KSA. Thus, any alcohol use is considered abuse (Albrithen, 2006; Al-Haqwi, 2010). Nevertheless, many Saudi Arabians use alcohol. Furthermore, according to Iqbal (2000), “KSA is still lacking in comprehensive data...no proper information gathering system is in place and good epidemiological studies or surveys have not yet been carried out” (p. 1).

Therefore, preventing harm associated with alcohol is a serious health priority that can begin with gaining knowledge of its causes, and by having better health and social services (Freeman & Parry, 2006). Moreover, preventive measures should be focused and established on early detection, intervention, and a central body for information collected from observation and research (Iqbal, 2000).

If we are willing to better understand the extent of the problem and its causes, we will be better able to treat alcohol issues by monitoring the problems such as alcohol related biopsychosocial symptoms and complications.

### Purpose of the Study

The purpose of this study is to identify the non-separable relationship between certain social and psychological factors that influence alcohol use among Saudi Arabians. Clearly, the nature of the relationship is interactional and multifactorial. This researcher has also examined the socio-demographics of the targeted population using alcohol in Saudi Arabia.

This research study paves the way to more questions that need to be answered. In addition, this study will make it much easier to acknowledge the existence of a very serious problem in the kingdom that not only affects individuals, but also the Saudi Arabian society as a whole.

### Significance of the Study

Numerous social and psychological factors lead to alcohol use in Saudi Arabia. The majority of alcohol users in KSA are at risk for alcohol abuse as well as developing social, psychological, and physical problems. However, the issue of alcohol use and abuse is anonymous in KSA. Abstinence from alcohol is a social norm due to Islamic cultural, social, and legal principles. People in KSA will not discuss their alcohol related problems openly to others and, especially, to health care providers. That makes the diagnoses and treatment of alcohol abuse and dependency very difficult. Moreover, many individuals do not seek help until their issues become serious. The above factors affect

the ability of alcohol users in KSA to obtain treatment. Moreover, these factors negatively affect those people who use alcohol as well as the community. Intense research is needed to identify the core of the problem that leads Saudi Arabians to use alcohol at high-risk.

This study identifies a very serious and growing problem of both social and psychological causes influencing alcohol use in SA. In this study, different tools have been used to provide more empirical collection of data, and a theoretical review of the relationship between drinking and social and psychological factors.

Another consideration has been given to scientific methods used in order to establish links between certain social and psychological behaviors and high-risk drinking. For this purpose, some relatively acute forms of social behaviors and their relationship to drinking have been included. The traditional sociological inquiries are used to establish and analyze relationships within and among these factors. Certain concepts and ideas are necessary for an understanding of the process linking social behavior and the use of alcohol; however, these concepts and ideas are fairly limited due to the insufficiencies and limitations (Islamic Law and anonymity of consumption) in collecting data. There is a general boundary of the available data or the state of knowledge in the field of both social and psychological behaviors (especially in Saudi Arabia) related to the excessive use of alcohol. In this research those boundaries and limitations are explained.

The major focus in this study would be report findings from data collected as a part of this research study. The end results need much more attention for future studies. One fact remains which is human beings regardless of race, class and region will be subjected to the problems of alcohol use and abuse throughout their lives.



### Research Questions

The research questions of the study are:

1. Is there a relationship between educational status and alcohol dependency among Saudi Arabians?
2. Is there a relationship between income and alcohol dependency among Saudi Arabians?
3. Is there a relationship between depression and alcohol dependency among Saudi Arabians?
4. Is there a relationship between history of parental child abuse and alcohol dependency among Saudi Arabians?
5. Is there a relationship between alcohol dependency and friends influence in starting alcohol use?

### Hypotheses

The null hypotheses of the study are:

1. There is no statistically significant relationship between educational status and alcohol dependency among Saudi Arabians.
2. There is no statistically significant relationship between income and alcohol dependency level among Saudi Arabians.
3. There is no statistically significant relationship between depression and alcohol dependency among Saudi Arabians.
4. There is no statistically significant relationship between history of parental child abuse and alcohol dependency among Saudi Arabians.

5. There is no statistically significant relationship between alcohol dependency and friends influence in starting alcohol use.

## CHAPTER II

### REVIEW OF LITERATURE

Due to unavailability of enough research information in KSA, researcher's review of literature was mostly based on the literature, reports, and data gathered from international sources with only some from Saudi Arabia's resources.

In this chapter, the researcher has tried to assemble current literature about psychosocial factors influencing alcohol use among Saudi Arabians. The objective is to review psychological and social factors from two perspectives: Afrocentric and Historical Perspective (alcohol use in Saudi Arabia historically). The theoretical framework identifies problematic psychosocial factors and seeks to strategize solutions.

A study done by Chen and Yin (2008) covered the Asian Continent countries which include North Africa and KSA. This study assembled current and history of alcohol issues and its related factors as well as the management and prevention strategies. The above study concluded that there are biological, psychological, social, and economical factors influence consuming alcohol in Asian Continent. The study also has found a trend which indicates that the consumption of alcohol is increased parallel with increase of the Asian Countries income (Chen & Yin, 2008). However, that trend is not the same in the case of KSA.

Another study provided by Al-Marri and Oei (2009) assembled a systematic review from both Arabic and English literature about the status of alcohol use information and issues in the Arabian Gulf Region. In this review, 26 studies conducted in KSA from 1992 until 2005 were considered (some of those studies are probed later in this review). The review found that most other studies investigated socio-demographic variables in alcohol related issues but not psychosocial variables. Most importantly, the majority of studies collected the data and information about use of alcohol from medical and psychiatric clinics and rarely from general public settings. Furthermore, this review by Al-Marri and Oei (2009) concluded that studies are even more limited about people who are using and abusing alcohol and not seeking treatment.

Al-Haqwi (2010) performed a cross sectional study by distributing a questionnaire to 215 medical students. The purpose of his study was to examine medical students' perception and views regarding the degree of substance abuse including alcohol in Saudi Arabian communities and the potential predisposing factors for this issue. The study revealed that 75% of those students consider alcohol and substance abuse as a common problem in the society. Students also believe that alcohol was the most commonly abused drug, and view the most influencing factors for alcohol and drugs abuse as peer pressure, life stressors, tobacco smoking, and curiosity.

Osman, as cited in AlMarri and Oei (2009), and Amir (2001) examined 17,254 male patients and 10,562 female patients attending a psychiatric hospital in Jeddah City in Eastern Region of KSA. The study found that 1.7% or 485 patients were diagnosed with an alcohol and/or drug use disorder; 16.1% were abusing alcohol (females: 2.7%) and the mean age of those patients was 29.04 years old (Amir, 2001).

WHO (2004) presented a cross-sectional study conducted by Al-Nahdh in Al-Amal hospital in Riyadh City, Middle Region in KSA in 1998. The study covered 160 male participants, 20 years or older, and found that 23.75% of patients were using alcohol at high-risk. Another similar study, which covered 120 male patients, conducted in a hospital for substance abuse in Dammam City in Eastern Region of KSA, found that 12.5% of participants had abused alcohol only (Amir, 2001; WHO, 2004).

A hospital based survey study, conducted by Iqbal (2000), gathered basic data on several issues including drug and alcohol abuse. A group of 799 patients from a voluntary detoxification unit participated in the study. The study reported that 87% of patients had history of abusing heroin or alcohol; 11% using alcohol alone, 4% using both alcohol and heroin, and the rest were using alcohol and other drugs. The study also found that 17.5% of those that participated in the study had a family history of drug abuse.

Two other similar studies conducted by Hafeiz (1995) and Qurashi (1995) examined socio-demographic characteristics of substance abuse. Hafeiz's study (1995), which was conducted in the Eastern Region of the KSA, was based on clinic-statistical analysis of 116 male patients. The study revealed that 31% used alcohol; 83% of patients were below 32 years old; 52% were unemployed, and the majority of the patients had intermediate education (grades 4 and 5). Qurashi's study, as cited in Amir (2001), found that half of the patients started substance abuse between 12 and 14 years of age. Also, their abuse was significantly related to smoking, absence from school, and family issues (not related to family structure, socioeconomic status, or family academic achievement) (Amir, 2001; Hafeiz, 1995; Qurashi, 1995). Both studies concluded that substance abuse,

including alcohol, was a prominent factor among unemployed young males with limited education (AlMarri & Oei, 2009).

According to AlMarri and Oei (2009), not enough studies examined substance abuse among females. Also, the ratio of female participants was extremely low. The first reason for limited participation by females was the refusal of females to participate in such a study, and the other reason was alcohol abuse among females was considered to be extremely rare in KSA (Amir, 2001).

Risk factors of alcohol use and abuse were examined in longitudinal research studies to determine alcohol initiation. Donovan (2004) conducted a research study at the Western Psychiatric Institute and Clinic, University of Pittsburgh Medical Center in Pittsburgh, Pennsylvania. He examined socio-demographic, family, peer, personality and behavioral variables.

Psychosocial etiology of alcohol use was examined in another study. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) (n.d.), the study concluded that there are several pathways to behavior that causes alcohol consumption. Also, biological and psychosocial factors influence each other in causing alcohol abuse. Lastly, the end product to this issue is a combination of biopsychosocial influences (NIAAA, n.d.).

Another study has tackled the problem of alcoholism and domestic violence in the Saudi society (Albrithen, 2006). This study shows that alcohol use and intoxication by both the abusers and victims are frequently implicated in violent events. Although the association or correlation between alcohol and domestic violence is still open to discussion in aspects of life, the study has been done in Saudi Arabia where alcohol is not

allowed and domestic violence is not yet officially acknowledged. The study is based on "interviews with 144 male alcoholic patients who had sought treatment at Al-Amal hospitals in Riyadh, Jeddah, Dammam, and Qaseem cities, 25 women married to alcoholic men, 25 women married to male drug users, and 25 women married to "ordinary" men (non-substance abusers). The results suggest that alcoholism has been a highly significant factor in domestic violence in Saudi Arabia, and there is a need to see the effects of the use and abuse of alcoholism in the fabric of the Saudi Arabian society (Albrithen, 2006).

According to Albrithen (2006), the study found high levels and frequencies of aggression committed by alcoholic men, particularly those who consumed alcohol heavily, and the violent incidents were more likely to occur at the time of drinking or intoxication. The violence was directed against family members including sisters, brothers, children, parents, and, in few cases, grandparents; but the wife was the most likely victim. Wives married to alcoholic men experience many types of violence: verbal, psychological, physical, and sexual (Albrithen, 2006).

Alcoholics and their families endured economic difficulties, poor quality family lives, neglected duties and obligations, high levels of guilt feelings, and sexual difficulties (Albrithen, 2006). There were obstacles inhibiting women who were married to alcoholics from leaving their husbands. Husbands themselves ran constant risks of being arrested and imprisoned. The study concluded that there is a need for pertinent further research and for changes in policy and practice in Saudi Arabia in regards to alcohol and domestic violence (Albrithen, 2006).

By examining these articles and studies, one can see that there are very few comprehensive studies conducted to examine alcohol issues in Saudi Arabian society. Prior studies conducted in and about KSA included alcohol use within substance abuse. Most of these studies lacked comprehensive data focusing on specific psychosocial factors and causes of alcohol abuse. The majority of the studies were male-focused. There appeared to be a lack of research information on women relative to substance abuse issues. Lastly, this research was based on other studies and were only as analysis to other studies.

#### Historical Perspective

The traditional family structure in KSA was inclined to be large and existed with not less than two children and often grandparents. However, after the fiscal growth of the 1980s, practices began to change and the family structure changed from large and extended to small and nuclear. Still, the family often consists of parents and children, usually more than two. The father has the role of leader in the family, and he is often the one who supports the family financially, while, in a limited role, the mother provides support inside the house (Albrithen, 2006).

Society in KSA follows the religion of Islam. SA laws follow Islamic laws which are taken from the Holy Quran. In Islam, all kinds of intoxicants, including alcohol, are strictly forbidden. Therefore, using, making, selling, keeping, and smuggling alcohol is categorically prohibited in KSA (AlMarri & Oei, 2009).

The Islamic prohibition of alcohol did not start all at once; it was enacted gradually “and in an enlightened manner, anticipating the best modern psychological



principles of behavior change” (Chen & Yin, 2008, p. 542). Historically, when Islam was introduced to Arabs in the Arabian peninsula, Arabs used alcohol regularly. God knew that they cannot stop drinking at once, and that is why the Holy Quran adopted the stages of abounding alcohol use (Chen & Yin, 2008).

The first stage regarding alcohol reveals that the hazards are greater than benefits. As mentioned in the Holy Quran, "They ask you concerning alcohol and gambling. Say: In them is a great sin, and some benefits for men, but the sin is far greater than the benefit" (Qur'an 2:219).

Thereafter, Muslims were asked to stop drinking if they proceed for prayers, and prayers are conducted five times a day; thus, the time allowed for drinking is limited during the 24 hour cycle. "Do not approach prayer while you are drunk..." [4: 43]. Then Muslims were asked to stop drinking: "O you who believe! Intoxicants, and gambling, and sacrificing to idols, and divining arrows, are an abomination of Satan's handiwork. So avoid them in order that you may be successful. Satan only wants to excite enmity and hatred between you with intoxicants and gambling, and hinder you from the remembrance of God and from prayer. So will you not then abstain?" (Qur'an 5:90-91). Therefore, alcohol was forbidden.

Hence, the idea of alcohol consumption was, and still is, a serious issue in the Saudi society. People's attitude towards alcohol is guided by three factors: prohibition, stigma and stereotype of users (Albrithen, 2006). First, as mentioned above, prohibition of alcohol is based on religious and political regulations. Second, consuming alcohol causes social stigma which is largely linked to its prohibition. People who consume alcohol are outcasts, and their social relation is restricted to other drinkers. Therefore, a

person who drinks alcohol keeps it secret even from his/her family. Families who have alcohol users keep this secret to avoid social stigma. People in the society avoid contact with alcohol users and their families. Third, stereotypes of alcohol users are based on Saudi religious belief which is the need to fight alcohol as it is forbidden. These factors play a major role as the exact numbers of people who regularly and/or irregularly drink are not known due to alcohol (Albrithen, 2006).

Currently, the KSA society is divided into two groups: one group believed that the consumption of alcohol is a sin that is never forgiven, and the other group believed that it is a disease and affected persons can and must seek treatment. It is a common misperception that alcohol has been eradicated under Islam and is not present in KSA. Even though the norm is abstinence based on the above mentioned reasons, the consumption of alcohol has never been eradicated in SA under Islam, and there are many people who use and abuse alcohol. There is an “unwritten rule that the drinking takes place behind closed doors” (WHO, 2004, p. 2; Michalak & Trocki, 2006).

Based on a statistical study conducted by WHO (2004), the total 2003 abstention rate was 97%, where 95% of the male participants and 99% of the female participants reported drug and alcohol abstinence. However, WHO estimated the unrecorded consumption to be “0.6 liters of pure alcohol per capita for the population older than 15 for the years after 1995” (WHO, 2004, p. 2).

Although the percentage is relatively low compared with other countries, alcohol abuse is more difficult to be identified than alcohol consumption because of stigma (Michalak & Trocki, 2006). Saudi Arabians are affected badly, and they do not seek

medical intervention until their issue is complicated, and the problem leads to many health and psychosocial consequences (Michalak & Trocki, 2006).

### Psychosocial Factors

It is obviously that there is no particular reason explaining why people consume alcohol, and the vulnerability to alcohol use differs significantly among individuals based on many risk factors (Freeman & Parry, 2006; Chen & Yin, 2008). Risk factors are related to the increase risk of alcohol use. Even though the relation does not mean a causal relation, these factors help identify individuals who are at relatively high risk of developing alcohol abuse (Helzer, 1987). Many risk factors, but not all, can be causal factors to alcohol use (Helzer, 1987). These factors include, but are not limited to, psychological and social factors.

### Demographic Information

Demographic information, such as age and gender, can predict the vulnerability to alcohol use among individuals. First, alcohol use is most commonly present among individuals who are 18 to 39 years old, yet chronic alcohol addiction most commonly found in people who are between 25 and 50 years (Helzer, 1987; Koob, Le, & Thompson, 2010). Second, gender is demographic information that predicts alcohol use. Alcohol use and abuse is considered a male dominant issue as it can be seen two times more in men than in women (Helzer, 1987; Koob, et al., 2010). In Muslim countries, as in all countries, the rate of alcohol use is significantly higher among men than among women (Michalak & Trocki, 2006). Furthermore, studies conducted in KSA show that alcohol

use and abuse is typically seen among young men (30 years old), low education (8 years of education), and unemployed (Hafeiz, 1995; Amir, 2001; AlMarri & Oei, 2009).

### Psychological Variables

There are many psychological factors associated with alcohol use. Among these factors are personality characteristics and emotional status. Many personality characteristics, such as gregariousness, rebelliousness, impulsiveness, and sensation-seeking, can influence alcohol use and abuse (Freeman & Parry, 2006). The first personality characteristic is gregariousness, or outgoing as alcohol helps people relax, communicate more easily, and mix socially. The second trait is rebelliousness, being antiestablishment or being against laws. The third personality trait is impulsiveness, or being spontaneous or having risk taking behavior in handling self or others. The last personality trait is sensation-seeking, as being easily bored and difficulty in postponing gratification, so individual may use alcohol in order to enhance positive mood (NIAAA of NIH, n.d.; Momtahan, 2003; Baer, 2002)

Emotional status is the second psychological factor. Emotional status can include, but not restricted to, anxiety, stress, depression, and child abuse (Drug addiction and drug abuse, 2010). First, individuals often drink alcohol to decrease anxiety to cope with stress especially related to the tension of an actual event - impending anxiety (NIAAA of NIH, n.d.; Freeman & Parry, 2006). Studies found that there is a link between stress and drinking, and suggest that drinking alcohol can decrease stress (NIAAA of NIH, n.d.; Freeman & Parry, 2006). Therefore, individuals tend to drink to decrease anxiety;

however, a study actually showed that, in some cases, drinking increases anxiety (NIAAA of NIH, n.d.).

Second, studies found a causal link between alcohol and depression, and that people who are suffering from depression “self medicate” themselves with alcohol (Freeman & Parry, 2006). Third, another emotional issue that appears to be a risk factor for alcohol abuse is child abuse (Macgowan & Rice, 2003). There are studies that discussed child abuse and neglect and adult alcohol abuse among women, which found women who experienced abuse and neglect during childhood had more alcohol problems as compared to women who did not experience abuse and neglect as children. However, only a few studies conclude that abuse and neglect during childhood are contributing factors for alcohol abuse/dependence among men. Moreover, many factors are found to be mediator or moderator link between alcohol use and child abuse such as inadequate coping skills, anti-social behavior, and post traumatic stress disorder (PTSD) (Widom & Hiller-Sturmhöfel, 2001).

The third psychological factor is lack of knowledge and information about alcohol and harmfulness of high-risk alcohol use among people (Baer, 2002; NIAAA of NIH, n.d.). Some individuals are unaware of the fact concerning about the consequences and outcomes of alcohol use, so they drink without knowing risks of alcohol abuse (Freeman & Parry, 2006).

### Social Factors

There are many social factors that can lead to alcohol use among individuals. These social factors are family, friends, social class, education, income, occupation, and

religion. Studies found that the greatest risk factor for alcohol use and abuse is family history. Although genetics have a significant role in alcohol abuse, the family environment has a role in both developing and protecting one from abuse and dependence (Macgowan & Rice, 2003; NIAAA, n.d.; Helzer, 1987).

Research shows that family history leads to alcohol use in two ways. First, when some family members drink (Social Drinking Model), other family members are influenced to drink (by observing and learning). Therefore, family drinking behavior becomes a future indication of alcohol problems. For example, children of alcoholics, especially males, are more inclined to develop alcohol issues than children of non alcoholics (Chipperfield & Vogel-Sprott, 1988). The second way can result from the instability of family system such as family and/or partner conflict and lower observed family caring. Studies in KSA have distinguished that the quality of family relationships has a significant impact in explaining abuse more than family structure (Saatcioglu et al., 2006; Macgowan & Rice, 2003; Michalak & Trocki, 2006).

Another social influence is friends. Many individuals, particularly adolescences, respond to their friends' pressure to drink alcohol in order to avoid social rejection from group (NIAAA of NIH, n.d.; Freeman & Parry, 2006). Some people are molding their use of alcohol from their friends (social drinking model) (Michalak & Trocki, 2006).

Social class is also another influence in use of alcohol. Many studies have found some evidence of social class differences in development of alcoholism. According to these studies, high-risk level of consumption has correlated to Upper Social Class (Helzer, 1987).

Finally, it is important to consider the socio-environmental factors such as accessibility, law/policies which oppose or support use of alcohol. Unregulated production, distribution, and commercialized alcohol sales and alcohol availabilities contribute to increase of alcohol consumption (Koob et al., 2010). Although in KSA alcohol use is against the law and Islamic Faith, Saudi Arabian people still have access to alcohol and consume alcoholic beverages via illegal production and importation from border countries. Therefore, a comprehensive study is needed to specifically identify psychosocial etiology of alcohol use in KSA (Koob et al., 2010).

### The Afrocentric Perspective

Yabura (1968) states that:

“The Afrocentric perspective grounded as it is in humanistic values transcends the conventional pathological view that blacks, poor and oppressed people experience social dysfunctioning primarily due to internal deficits and character disorders. It places primacy on the strengths and uniqueness of differential population groups and dictates service response patterns which respect the cultural integrity of affected populations as well as their ethos, talents and creative cores” (p. 1).

Thus, Afrocentric perspective helps understanding and appreciating history by confirming of people’s and community’s identity. This identity is a social reality emerging from the combined economic, political, social, and cultural factors that existed during the formulation and development of the individual or community (Yabura, 1968). Therefore, Afrocentric perspective helps increasing the overall understanding of

human condition (Waymer, 2006), which could facilitate understanding of causal factors of the alcohol problem in KSA. Although Afro-centrism educates, intervenes, and assists human condition and can be applied to non-African population of the world, it is a natural value formulation for existence and survival of the African people around the world. The Saudi Arabian's African Arab population is not an exception to this phenomenon.

African-Arab population of Saudi Arabia (SA) is mostly from North & Central Africa. They migrated to SA 1,433 years ago during initiation of Islamic Faith in Arabian Peninsula. This minority population has been settled in all Arabian Peninsula especially the Eastern Region of today's SA. They brought with them all African cultural aspects and traditions to the new land and used them in coordination with their new faith (Islam). In traditional African culture, alcohol and other substances were used for treatment of diseases and for tribal and religious ceremonies (Schiele, 2000). Alcohol and drugs were used in moderation and low-risk, but never have been prohibited for use (Schiele, 2000). Alcohol and drugs were used significantly in social gathering for appreciation and reward for individual or group accomplishment (Schiele, 2000). Alcohol and drugs were symbols of health and happiness and never indications of diseases and sadness. In coordination with Islamic Faith, African Arabs kept their beliefs, culture and tradition alive. During observation, evaluation, and assessment of Saudi Arabia's drinking population, researcher observed and examined some African Arabs who have some relationship with alcohol consumption. We found that the following Afrocentric alcohol and drug use perspectives:



- (A) African-Arab population consumed alcohol or use recreational drugs in moderation (low-risk) only for enhancing their health and well being (old African's Medicine Man tradition) (Schiele, 2000).
- (B) African-Arab population mostly consumed alcohol as a group to celebrate societal appreciation and rewards (African philosophy of Ubuntu: "I am because we are") (Schiele, 2000).
- (C) African-Arab population showed positive attitude and respect about prohibition of alcohol use in Islamic Faith, but they expressed freedom in their low-risk use of alcohol (African tradition "phenomena [phenom] must be studied and analyzed in relationship to psychological time and space") (Schiele, 2000).

In the researched population, there were not a significant number of drinkers with African descants. Therefore, the findings were completely based on observation of African Arab minority population, not in medical or clinical setting. They were free as their natural responses have occurred in the relationships, attitudes toward the environment, kinship, patterns, preferences for color, type of religion, and historical referent points for African people; if there had not been any intervention of colonialism, religionism or enslavement. The above Afrocentric perspective kept African Arab population away from alcoholism and drug addiction.

By utilizing the Afrocentric perspective, understanding of the tradition, and the culture of the Saudi Arabian's African Arab society, the Saudi Arabian population can receive help with prevention of addiction/alcoholism. Further, Afrocentrism can help in understanding of human behaviors which could lead to justification of pathological

aspects among all people. Well studied and researched pathological aspects bring wellness, prevention and justice to human beings (Waymer, 2006; Yabura, 1968).

### Theoretical Framework

Human behavior and development happens as a result of the interaction of several factors (Schrive, 2010). There are a number of theories explains the behavior of individuals, families, organizations and community. Place, time and events play an important role in shaping human behavior, and helps understanding the behavior of the community. People with alcoholism who live in the kingdom of Saudi Arabia are a striking example of that. One theory can be applied to illustrate the behaviors of those people. This theory is the behavioralism, which included social learning, biopsychosocial, and cognitive behavioral models (Robbins, Chatterjee, & Canda, 2005).

Cohen and Inaba (2007) state that the relationship between alcoholism and cognition can be defined as, “alcohol addiction relates to a person’s cognition, decision-making, and processing of short-term memory” (p. 77). Behavioral theory, also known as learning theory, perceives human behavior through learning that happens as a result of reinforcement of person’s behavior by others or as a result of the person’s observation of behavior imitated by others. It is also important to know that the Theory of Reaction & Modeling or theory of “modeling” or “reaction” to environmental factors would stimulate and shape behaviors (Schrive, 2010; Robbins, Chatterjee, & Canda, 2005).

The above theory (Behavioralism including Social Learning Model) explained that behaviors of people are created by their thoughts, emotions, biological and

environmental factors (Biopsychoeological Contextual Model) (Momtahan, 2003; Robbins, et al., 2005), which would explain the initiation of people's use of substances and development of alcoholism and/or other drug addictions. The Biopsychoeological Contextual Model (combined Behavioralism and Social Learning Theories) not only explains how Substance Use Disorder (SUD) would develop, but also strategizes intervention and treatment for substance use and substance abuse.

## CHAPTER III

### METHODOLOGY

Methods and procedures used in conducting this study, which is about the relation between epidemiological factors and alcohol use among Saudi Arabians, are presented and discussed in this chapter. This chapter illustrates research design, description of the site, sample and population, data collection, treatment of data, and limitation of the study.

#### Research Design

The research design was a cross-sectional study that is designed to amplify results based on sampling procedure. A questionnaire distributed on participants to complete. Participants were selected only one time in the study. After getting these samples, the descriptive and explanatory procedures followed. Explaining the collected data and describing ways of obtaining the information for the analysis were identified.

#### Description of the Site

This study is conducted in the eastern region of Saudi Arabia. The two main sites used in this study were the Al-Amal complex for mental health hospital, that is responsible for treating patients with substance abuse, and the Saudi Narcotics Anonymous (SNA), which helps people with addiction. Therefore, the two sites were selected because of the availability of people who have and/or had history of alcohol

abuse and who are willing to be surveyed for this study, especially those in the Saudi Narcotics Anonymous. A 30-item questionnaire was administered to participants at both sites.

### Sample and Population

Rather than targeting the general public in this study, the target group involved 120 males Saudi Arabians whose age ranged between 18 and 69, and who were receiving treatment in the Al-Amal complex for mental health Hospital and people involved in the Saudi Narcotics Anonymous. Data was also collected from certain demographic samples (males only) since the gender plays a role in Saudi society which is a male dominated culture. Those male participants who suffer from alcoholism come from different social backgrounds. Each participant is asked to complete an anonymous self-administered questionnaire as to ensure confidentiality in participation.

### Data Collection

The study used the questionnaire, “Psychosocial Factors Influencing Alcohol Use among Saudi Arabians,” as a tool to collect data. The questionnaire, which contains a total of 30 items, was administered from December 11, 2011 through January 18, 2012 by a psychologist at two main sites, the Al-Amal complex for mental health hospital and the Saudi Narcotics Anonymous. It requests certain responses that help in data analysis. Information taken from the questionnaire focused on demographic information and psychosocial factors important in development of alcoholism. Lastly, the questionnaire is designed to be analyzed by statistical package for social sciences (SPSS).

### Treatment of Data

Data were collected and provided to the researcher for analysis. The statistical package for social sciences (SPSS) was used to analyze data. Descriptive statistics were used to identify the trends and the intensity of the problem. Chi square was calculated by utilization of cross-tabulation. Chi square was used as a test statistics to determine if there was a statistically significant relationship between the study variables.

### Limitations of the Study

There are three limitations to this study. First, the Saudi society is singled out to be a more conservative, male-dominated society. Therefore, it is difficult to collect the information necessary to conduct research or studies about alcohol related issues. Second, the sampling method was relying on and limited to the available male participants in the two sites; the Al-Amal complex for mental health Hospital and the Saudi Narcotics Anonymous. Therefore, the study was sample limited, male-focused, and the study was limited to those two sites in only the Eastern Region of Saudi Arabia. These three reasons limited the generalization of the study.

Also, there are cultural, societal, ethical, religious, and legal constraints against alcohol use in KSA which affected the study by many ways. First, individuals in Saudi society may give culturally desired responses which would be denial for any alcohol use (negative responses). They may not fully admit their problem, and many individuals who have alcohol problems may refuse to participate in treatment. Second, those constraints may discourage researchers from obtaining data on alcohol use in general public setting.

Therefore, because of these limitations of study, the validity and reliability of the responses to the questioner may be statically skewed.

## CHAPTER IV

### PRESENTATION OF FINDINGS

The purpose of this chapter was to present the analysis of the collected data regarding psychosocial factors influencing alcohol use among Saudi Arabians. This survey was provided at two main sites, Al-Amal complex for mental health hospital, which is responsible for treating patients with alcohol abuse, and the Saudi Narcotics Anonymous (SNA), which helps people with addiction. The study included only male patients. This chapter presents the findings of the collected data. The findings are organized into two sections: demographic data and research questions and hypotheses.

#### Demographic Data

A demographic profile was developed of the study participants and descriptive statistics were used to analyze the following: age group, gender, nationality, marital status, number of children, parent's situation, educational status, father's educational status, mother's educational status, employment status, monthly income, and income status.

Table 1 is a demographic profile of the study participants. It illustrates the frequency distribution of the demographic variables.



Table 1

Demographic Profile of Psychosocial Factors Influencing Alcohol Use Among Saudi  
Arabians (N=120)

Variable	Frequency	Percent
Age Group		
18-24	30	25.0
25-35	49	40.8
36-45	22	18.3
Over 45	19	15.8
Gender		
Male	120	100.0
Nationality		
Saudi	120	100.0
Marital Status		
Married	29	24.2
Never Married	65	54.2
Divorced	24	20.0
Widowed	1	0.8
Divorced-Remarried	1	0.8

Table 1 Continues . . .

Variable	Frequency	Percent
Number of Children		
None	77	64.2
One	9	7.5
Two	9	7.5
Three	11	9.2
More than three	14	11.7
Parents' situation		
Parents alive and living together	57	47.5
Parents alive but divorced	4	3.3
Parents alive but separated	1	.8
Both parents are deceased	13	10.8
Father is alive-mother is deceased	3	2.5
Mother is alive-father is deceased	42	35.0
Educational status		
Illiterate	1	.8
Can read and write	2	1.7
Elementary	27	22.5
Intermediate	34	28.3
Secondary	47	39.2

Table 1 Continues . . .

Variable	Frequency	Percent
Educational status (continued)		
Diploma	6	5.0
College	2	1.7
Post graduate	1	0.8
Father's educational status		
Illiterate	45	37.8
Can read and write	27	22.7
Elementary	20	16.8
Intermediate	8	6.7
Secondary	9	7.6
Diploma	7	5.9
College	0	0.0
Post graduate	3	2.5
Mother's educational status		
Illiterate	60	50.4
Can read and write	22	18.5
Elementary	16	13.4
Intermediate	10	8.4
Secondary	4	3.4

Table 1 Continues . . .

Variable	Frequency	Percent
Mother's educational status (continued)		
Diploma	4	3.4
College	1	0.8
Post graduate	2	1.7
Employment status		
Full-time	31	25.8
Part-time	7	5.8
Unemployed	56	46.7
Student	3	2.5
Student-employed	4	3.3
Retired	7	5.8
Self-employed	10	8.3
Other	2	1.7
Monthly income		
Under 3,000 SR	25	34.2
3,000-5,999 SR	18	24.7
6,000-9,999 SR	18	24.7
10,000-15,000 SR	9	12.3
Over 15,000 SR	3	4.1

Table 1 Continues . . .

Variable	Frequency	Percent
Income status		
Not enough	30	40.4
Enough	35	47.3
More than enough	9	12.2

The study population was composed of one hundred and twenty (120) males between the ages of 18 years and above. First, of the 120 participants, 30 were of the age group 18-24 (25%), 49 were of the age group 25-35 (40.8%), 22 were of the age group 36-45 (18.3%), and 19 were of the age group of above 45 (15.8%). Second, marital status was categorized as follows: 29 were married (24.2%), 65 were never married (54.2%), 24 were divorced (20%), 1 was widowed (0.8%), and 1 was divorced-remarried (0.8%). Third, number of children was categorized as follows: 77 did not have any children (64.2%), 9 have one child (7.5%), 9 have two children (7.5%), 11 have three children (9.2%), and 14 have more than three children (11.7%).

Forth, parents' situation was categorized as follows: parents alive and living together 57 (47.5%), parents alive but divorced 4 (3.3%), parents alive but separated 1 (0.8%), both parents are deceased 13 (2.5%), father is alive-mother is deceased 3 (2.5%), and mother is alive-father is deceased 42 (35%).

Fifth, educational status is categorized as follows: illiterate 1 (0.8%), can read and write 2 (1.7%), elementary 27 (22.5%), intermediate 34 (28.3%), secondary 47 (39.2%), diploma 6 (5%), college 2 (1.7%), and post graduate 1(0.8%). Sixth, father's educational status is categorized as follows: illiterate 45 (37.8%), can read and write 27 (22.7%), elementary 20 (16.8%), intermediate 8 (6.7%), secondary 9 (7.6%), diploma 7 (5.9%), and post graduate 3 (2.5%). However, there was one unmentioned. Seventh, mother's educational status is categorized as follows: illiterate 60 (50.4%), can read and write 2 (18.5%), elementary 16 (13.4%), intermediate 10 (8.4%), secondary 4 (3.4%), diploma 4 (3.4%), college 1 (0.8%), and post graduate 2(1.7%), yet one was unmentioned. Next, employment status was categorized as follows: Full-time 31 (25.8%), part-time 7 (5.8%), unemployed 56 (46.7%), student 3 (2.5%), student-employed 4 (3.3%), retired 7 (5.8%), self-employed 10 (8.3%), other 2 (1.7%) Furthermore, monthly income was categorized as follows: under 3000SR was 25 (34.2%), 3000-5999 SR was 18 (24.7%), 6000-9999 SR was 18 (24.7%), 10000-15000 SR was 9 (12.3%), over 15000 SR was 3 (4.1%), yet there were 47 unmentioned as they are unemployed, and do not have monthly income. Lastly, income status was categorized as follows: not enough was 30 (40.5%), enough was 35 (47.3%), and more than enough was 9 (12.2%). However, 46 were unmentioned as they are unemployed and do not have monthly income.

In sum, as indicated in table 1, the typical respondent of the study that was conducted in Al-Amal complex for mental health hospital and in SNA in 2011 was Saudi male whose age was between 25-35 years old, and who was never married, does not have children, his parents alive and living together, has secondary education, both parents were illiterate, unemployed and does not have monthly income.

Table 2

Q7: How often do you perform religious practices

	Frequency	Percent
Always	32	26.7
Sometimes	73	60.8
Never	15	12.5
Total	120	100.0

Table 2 is a frequency distribution of 120 males regarding whether they always, sometimes, or never perform religious practices. As shown in table 2, the majority, or 73 (60.8%), of the survey participants indicated that they sometimes perform religious practices, 32 (26.7%) indicated that they always perform religious practices, while 15 (12.5%) indicated that they never perform religious practices.

Table 3

Q14: Do you drink alcoholic beverages

	Frequency	Percent
Yes	103	85.8
No	17	14.2
Total	120	100.0

Table 3 is a frequency distribution of 120 males indicating whether they drink alcoholic beverages or not. As shown in Table 3, the majority, or 85.8%, of the participants indicated that they are currently drinking alcoholic beverages while 14.2% currently do not drink alcoholic beverages.

Table 4

Q15: From your viewpoint drinking an alcoholic beverage is

	Frequency	Percent
A normal habit	31	25.8
A disease	38	31.7
A sin	37	30.8
Other	14	11.7
Total	120	100.0

Table 4 is a frequency distribution of 120 males indicating whether they think drinking alcohol beverages is a normal habit, a disease, a sin, or other. As indicated in Table 4, of the survey participants, 25.8% indicated that drinking alcohol beverages is a normal habit, 31.7% indicated that drinking alcohol beverages is a disease, 30.8% indicated that it is a sin, and 11.7% indicated that it is other than the three mentioned above.



Table 5

Q16: How old were you when you had your first drink of an alcoholic beverage

	Frequency	Percent
Under 18	36	30.0
18-24	64	53.3
25-35	20	16.7
36-45	0	0.0
Over 45	0	0.0
Total	120	100.0

Table 5 is a frequency distribution of 120 males indicating their age when they had their first drink of alcohol beverages. As shown in Table 5, 53.3% of the participants stated that they started drinking alcohol beverages at age of 18-24. Of the participants, 30% indicated that they started using alcohol at age of less than 18 years old, while only 16.7% started drinking alcohol beverages at age of 25-45. However, no one indicated that he had his first drink at age of 36 or after.

Table 6

Q17: Describe your drinking

	Frequency	Percent
1-2 drinks daily	60	53.1
2-3 drinks daily	21	18.6
4 drinks or more daily	32	28.3
Total	113	100.0

Table 6 is a frequency distribution of 113 males describing their drinking, and whether they have 1-2 drinks daily, 2-3 drinks daily, or 4 drinks or more daily on the days that they usually drink. As shown in Table 6, 53.1% of the participants indicated that they have 1-2 drinks daily, 28.3% have 4 drinks or more daily, and 18.8% have 2-3 drinks daily. However, there are 7 participants that did not mention the quantity of their drinking.

Table 7

Q18: Describe how often do you drink an alcoholic beverage

	Frequency	Percent
Daily	30	25.6
Few times a week	42	35.9
Weekends	45	38.5
Total	117	100.0

Table 7 is a frequency distribution of 120 males indicating how often they drink an alcoholic beverage and whether they drink daily, few times a week, or during weekends. As indicated in Table 7, of the 117 respondents, 38.5% indicated that they drink alcohol beverages in the weekends, 35.5% indicated that they drink alcohol beverages few times a week, while 25.6% indicated that they drink daily. However, there are 3 participants that did not mention the frequency of their drinking.

Table 8

Q19: How easy is it for you to get alcoholic beverages

	Frequency	Percent
Very easy	71	60.2
Easy	24	20.3
Moderate	13	11.0
Difficult	9	7.6
Extremely difficult	1	.8
Total	118	100.0

Table 8 is a frequency distribution of 120 males indicating whether getting alcoholic beverages is very easy, easy, moderate, difficult, or extremely difficult. As shown in Table 8, the majority, or 80.5% indicated that it is easy to get an alcoholic beverages, while only 8.4% indicated that it is difficult to get alcoholic beverages. Of the 118 respondents, 60.2% indicated that it is very easy for them to get alcoholic beverages while 20.3% indicated that it is easy to get alcoholic beverages. Only 11.0% indicated that it is moderate to get alcoholic beverages, and 7.6% indicated that it is difficult to get alcoholic beverages. A very few, 0.8% indicated that it is extremely difficult to get alcoholic beverages. However, of the 120 participants, 2 participants were unstated.

Table 9

Q20: The reason I first started drinking alcohol was because of

	Frequency	Percent
A family member	8	6.7
Friends	78	65.0
Family issues	10	8.3
Life problems	9	7.5
Others	15	12.5
Total	120	100.0

Table 9 is a frequency distribution of 120 males regarding whether the first reason that leads them to drink alcohol beverages is a family member, friends, family issues, life problems, or other reason. As indicated in Table 9, of the respondents, the majority, or 65.0%, indicated that the first reason was friends, while 12.5 indicated that there were other than mentioned above reasons that led them to drink. Only 8.3% indicated that the first reason was because of family issues, 7.5% because of life problems, and 6.7% because of a family member.

Table 10

Q21: When did you start feeling that you had a drinking problem

	Frequency	Percent
I do not have drinking problem	63	52.5
Less than one year ago	17	14.2
1-3 yrs ago	18	15.0
4-6 yrs ago	4	3.3
7-9 yrs ago	9	7.5
10 yrs or more	9	7.5
Total	120	100.0

Table 10 is a frequency distribution of 120 males indicating when the participants start feeling that they had a drinking problem and whether they do not have drinking problems, or they start feeling that they had a drinking problem less than one year ago, 1-3 years ago, 4-6 years ago, 7-9 years ago, or 10 years or more. As indicated in Table 10, of the participants, 52.5% indicated that they do not have drinking problem. Table 10 also revealed that 15.0% indicated that they start feeling that they had drinking problem 1-3 years ago, 14.2% stated that they start feeling that they had drinking problem less than one year ago, 7.5% started having drinking problem 7-9 years ago, 7.5% started having drinking problem 10 years ago or more, and 3.3% started having drinking problem 4-6 years ago.

Table 11

Q22A: The main social reason for drinking alcoholic beverages

	Frequency	Percent
Inexpensive availability of alcohol beverages	18	15.0
Family and friend influence	42	35.0
Absence of religious faith	28	23.3
Absence of parental control	22	18.3
No law intimidating addicts	10	8.3
Total	120	100.0

Table 11 is a frequency distribution of 120 males regarding whether the main social reason for drinking alcohol beverages is inexpensive availability of alcohol beverages, family and friend influence, absence of religious faith, absence of parental control, or no law intimidating addicts. As indicated in Table 11, of the respondents, 35% indicated that the main social reason is family and friend influence, 23.3% indicated that the main social reason is absence of religious faith, 18.3% indicated that the main social reason is Absence of parental control, 15.0% indicated that the main social reason is inexpensive availability of alcohol beverages, and 8.3% indicated that the main social reason is no law intimidating addicts.

Table 12

Q22B: The main personality reason for drinking alcoholic beverages

	Frequency	Percent
Sensation seeking	39	32.5
Gregarious	27	22.5
Impulsive	18	15.0
Rebellion	22	18.3
None	14	11.7
Total	120	100.0

Table 12 is a frequency distribution of 120 males regarding whether the main personality reason for drinking alcohol beverages is sensation seeking, gregarious, impulsive, rebellion, or none. As indicated in Table 12, of the respondents, 32.5% indicated that the main personality reason is sensation seeking, 22.5% indicated that the main personality reason is gregarious, 18.3% indicated that the main personality reason is rebellion, 15.0% indicated that the main personality reason is impulsive, and 11.7% indicated that there is no main personality reason for drinking alcohol beverages.



Table 13

Q22C: The main psychological reason for drinking alcoholic beverages

	Frequency	Percent
To feel happy	27	22.5
To relax	12	10.0
To behave normally	8	6.7
To release anxiety	16	13.3
To ease depression	11	9.2
To forget problems	15	12.5
To cope with stress	9	7.5
Only for the sake of drink	20	16.7
Other	2	1.7
Total	120	100.0

Table 13 is a frequency distribution of 120 males regarding whether the main psychological reason for drinking alcohol beverages is to feel happy, to relax, to behave normally, to release anxiety, to ease depression, to forget problems, to cope with stress, only for the sake of drinking, or other. As indicated in Table 13, of the participants, 22.5% indicated that the main psychological reason is to feel happy, 16.7% indicated that the main psychological reason is only for the sake of drink, 13.3% indicated that the main psychological reason is to release anxiety, 12.5% indicated that the main psychological

reason is to forget problems, 10.0% indicated that the main psychological reason is to relax, 9.2% indicated that the main psychological reason is to ease depression, 7.5% indicated that the main psychological reason is to cope with stress, 6.7% % indicated that the main psychological reason is to behave normally, and 1.7% indicated that the main psychological reason is other than mentioned above psychological reasons.

Table 14

Q23: Have you ever suffered from child abuse

	Frequency	Percent
Yes	50	44.2
No	63	55.8
Total	113	100.0

Table 14 is a frequency distribution of 120 males indicating whether they have suffered from child abuse or not. As shown in Table 14, the majority, or 55.8% of the participants indicated that they have not suffered from child abuse, while 44.2% indicated that they have suffered from child abuse. However, 7 participants were unmentioned.

Table 15

Q24: Where do you usually drink alcoholic beverages

	Frequency	Percent
At home	14	11.7
At others' home	22	18.3
At a private resort	52	43.3
Outside of the kingdom	18	15.0
Other	14	11.7
Total	120	100.0

Table 15 is a frequency distribution of 120 males regarding whether they usually drink alcoholic beverages at home, at others home, at a private resort, outside the kingdom, or in another place. As indicated in Table 15, of the respondents, 43.3% indicated that they usually drink at a private resort, 18.3% indicated that they usually drink at others' home, 15.0% indicated that they usually drink outside the kingdom, 11.7% indicated that they usually drink at home, and 11.7% also indicated that they usually drink at other than mentioned above places.

Table 16

Q25: With whom do you usually drink alcoholic beverages

	Frequency	Percent
Alone	23	19.2
With a friend	84	70.0
With my wife	0	0.0
With other family members	9	7.5
Others	4	3.3
Total	120	100.0

Table 16 is a frequency distribution of 120 males regarding whether they usually drink alone, with a friend, with his wife, with other family member, or others. As indicated in Table 16, the majority of the respondents, or 70.0% indicated that they usually drink with a friend, while 19.2% indicated that they usually drink alone. Only 7.5% indicated that they usually drink with other family member, and 3.3% indicated that they usually drink with other than mentioned above individuals. No one indicated that he drinks with his wife.

Table 17

Q26: Does anyone in your family use addictive drugs or alcohol

	Frequency	Percent
Yes	45	38.1
No	73	61.9
Total	118	100.0

Table 17 is a frequency distribution of 120 males indicating whether anyone in their family uses addictive drugs or alcohol or not. As indicated in Table 17, the majority, or 61.9%, of the participants indicated that they do not have any family member who uses addictive drugs or alcohol, while 38.1% indicated that they have a family member who uses addictive drugs or alcohol. Still, two participants did not respond to this question.

Table 18

Q27: Do you have a family history of high-risk drinking

	Frequency	Percent
No, I do not have	83	70.3
Father	5	4.2
Mother	0	0.0
Both Father-Mother	1	.8
Grandparents	1	.8
Other family members	28	23.7
Total	118	100.0

Table 18 is a frequency distribution of 120 males regarding whether or not one of their family members has a history of high-risk drinking. As indicated in Table 16, the majority of the respondents, or 70.3%, indicated that they do not have a family history of high-risk drinking, while 29.7% indicated that they have a family history of high-risk drinking. Of those participants who have a family history of high-risk drinking, 23.7% indicated that other family members have a history of high-risk drinking, 4.2% indicated that their father has a history of high-risk drinking, 0.8% indicated that both father and mother have a history of high-risk drinking, and 0.8% also indicated that their grandparents have a history of high-risk drinking. However, 2 participants did not respond to this question.

Table 19

Q28: How many drinking friends do you have

	Frequency	Percent
None	10	8.3
One	17	14.2
2-5	16	13.3
Over 5	77	64.2
Total	120	100.0

Table 19 is a frequency distribution of 120 males regarding whether they have none, one, 2-5, or over 5 drinking friends. As indicated in Table 19, of the respondents, 64.2% indicated that they have over 5 drinking friends, 14.2 indicated that they have only one drinking friend, 13.3% indicated that they have 2-5 drinking friends, and only 8.3% indicated that they do not have any drinking friends.

Table 20

Q29 How many times did your friends try to stop you from drinking alcohol

	Frequency	Percent
A lot	23	19.2
Some	26	21.7
Not much	17	14.2
Not at all	54	45.0
Total	120	100.0

Table 20 is a frequency distribution of 120 males regarding the frequency that their friend tried to stop them from drinking alcohol. As indicated in Table 20, of the respondents, 45.0% indicated that their friend did not try to stop them from drinking at all, while 21.7% indicated that some of the times their friend tried to stop them from drinking. Also shown in Table 20, of the respondents, 19.2% indicated that their friend tried to stop them from drinking a lot, and 14.2% indicated that their friend did not try much to stop them from drinking.



Table 21

Q30 How often have your friends asked you to drink

	Frequency	Percent
A lot	76	63.3
Some	25	20.8
Not much	9	7.5
Not at all	10	8.3
Total	120	100.0

Table 21 is a frequency distribution of 120 males regarding the frequency that their friends asked them to drink. As indicated in Table 21, of the respondents, the majority, or 63.3%, indicated that their friends asked them to drink a lot, 20.8% indicated that their friends asked them to drink some of the time, 8.3% indicated that their friends never asked them to drink, and 7.5% indicated that their friends did not ask them much to drink.

Overall, among 120 Saudi males in this study, the majority of the respondents reported that they sometimes perform religious practices. They indicated that they currently drink alcoholic beverages, and they also believe that drinking alcoholic beverages is a disease, they do not believe they have a drinking problem, and they reported that it is easy to get an alcoholic beverage. Moreover, the majority had their first drink at age of 18-24 years, has 1-2 drinks daily, and usually drinks on the weekends. In

addition, a friend was the first reason for starting drinking, and the main social, personality, and psychological reasons for drinking were family and friend influence, sensation seeking, and to feel happy, respectively. Furthermore, the majority indicated that they never have suffered from child abuse, no one in their family uses addictive drugs or alcohol, and they do not have a family history of high-risk drinking. Finally, the majority stated that they usually drink alcoholic beverages at private resorts, drink with a friend, have over 5 drinking friends, a lot of friends asked them to drink, and their friends never tried to stop them from drinking.

#### Research Questions and Hypotheses

Research question 1: Is there any relationship between educational status and alcohol dependency among Saudi Arabians?

Hypothesis 1: There is no statistically significant relationship between educational status and alcohol dependency among Saudi Arabians.

Table 22 is a crosstabulation between educational status and alcohol dependency level (the quantity of alcohol use). It shows the relationship between the two variables and indicates whether there is a relationship between current educational status and alcohol dependency among Saudi Arabian males.

Table 22

Cross tabulation of current educational status and alcohol dependency level (the quantity of alcohol use) (N= 120)

	<u>The quantity of alcohol use</u>							
	1-2 drinks		2-3 drinks		4 drinks or more		Total	
	#	%	#	%	#	%	#	%
<hr/>								
Educational status								
Illiterate	0	0	0	0	1	0.9%	1	0.9%
Can read and write	1	0.9%	0	0	1	0.9%	2	1.8%
Elementary	9	8.0%	6	5.3%	10	8.8%	25	22.1%
Intermediate	17	15.0%	8	7.1%	8	7.1%	33	29.2%
Secondary	28	24.8%	7	6.2%	10	8.8%	45	39.8%
Diploma	3	2.7%	0	0	2	1.8%	5	4.4%
College	2	1.8%	0	0	0	0	2	1.8%
Total	60	53.1%	21	18.6%	32	28.3%	113	100.0%
<hr/>								
Chi square = .487		df 12						

Table 22 indicates that of the 113 male respondents, 28 or 24.8% whose current educational status was secondary school were having 1-2 drinks daily (low risk drinking). This table indicates that there is no relationship between educational status and alcohol dependency level. When the chi square test was applied, the null hypothesis was not

rejected. As shown in table 22, the chi square test indicated that there was not a statistically significant relationship (.487) between current educational status and alcohol dependency level at the .05 level of probability.

Research question 2: Is there any relationship between income and alcohol dependency among Saudi Arabians?

Hypothesis 2: There is no statistically significant relationship between income and alcohol dependency level among Saudi Arabians.

Table 23 is a crosstabulation between monthly income and alcohol dependency level (the quantity of alcohol use). It shows the relationship between the two variables and indicates whether there is a relationship between monthly income and alcohol dependency level among Saudi Arabian males.

Table 23

Cross tabulation of monthly income and alcohol dependency level ( the quantity of alcohol use) (N= 120)

	<u>The quantity of alcohol use</u>							
	1-2 drinks		2-3 drinks		4 drinks or more		Total	
	#	%	#	%	#	%	#	%
<b>Monthly income</b>								
Under 3000 SR	17	23.9%	2	2.8%	4	5.6%	23	32.4%
3,000-5,999 SR	9	12.7%	4	5.6%	5	7.0%	18	25.4%
6,000-9,999 SR	10	14.1%	3	4.2%	5	7.0%	18	25.4%
10,000-15,000 SR	6	8.5%	1	1.4%	2	2.8%	9	12.7%
Over 15,000 SR	1	1.4%	1	1.4%	1	1.4%	4	4.2%
Total	43	60.6%	11	15.5%	17	23.9%	71	100.0%
<b>Chi square = .837                      df 8</b>								

Table 23 indicates that, of the 71 male respondents, 17 or 23.9% whose monthly income was under 3,000 SR were having 1-2 drinks daily (low risk drinking). This table indicates that there is no relationship between monthly income and alcohol dependency level. When the chi square test was applied, the null hypothesis was not rejected. As shown in table 23, the chi square test indicated that there was not a statistically significant relationship (.837) between monthly income and alcohol dependency level at the .05 level of probability.

Research question 3: Is there a relationship between depression and alcohol dependency among Saudi Arabians?

Hypothesis 3: There is no statistically significant relationship between depression and alcohol dependency among Saudi Arabians.

Table 24 is a crosstabulation between depression and alcohol dependency level among Saudi Arabians. It shows the relationship between the two variables and indicates whether there is a relationship between depression and alcohol dependency among Saudi Arabians.

Table 24

Cross tabulation of depression and alcohol dependency level (N= 120)

	<u>To ease depression</u>	
	n	%
<u>The quantity of alcohol use</u>		
1-2 drinks daily	7	6.2%
2-3 drinks daily	2	1.8%
4 drinks or more daily	1	.9%
Total	10	8.8%

Chi square = .351      df 16

As indicated in Table 24, of the 113 male respondents, 7 or 6.2% from those who have 1-2 drinks daily indicated that depression is the main psychosocial reason for

drinking alcoholic beverages. This table shows that there is no relationship between depression and alcohol dependency among Saudi Arabians. When the chi square test was applied, the null hypothesis was not rejected indicating that there was not a statistically significant relationship (.351) between depression and alcohol dependency among Saudi Arabians at the .05 level of probability.

Research question 4: Is there a relationship between history of parental child abuse and alcohol dependency among Saudi Arabians?

Hypothesis 4: There is no statistically significant relationship between history of parental child abuse and alcohol dependency among Saudi Arabians.

Table 25 is a crosstabulation between history of parental child abuse and alcohol dependency among Saudi Arabians. It shows the relationship between the two variables and indicates whether there is a relationship between history of parental child abuse and alcohol dependency among Saudi Arabians.

Table 25

Cross tabulation of history of parental child abuse and alcohol dependency among Saudi Arabians (N= 120)

	<u>The quantity of alcohol use</u>							
	1-2 drinks		2-3 drinks		4 drinks or more		Total	
	#	%	#	%	#	%	#	%
History of child abuse								
Yes	23	21.5%	13	12.1%	10	9.3%	46	43.0%
No	36	33.6%	7	6.5%	18	16.8%	61	57.0%
Total	59	55.1%	20	18.7%	28	26.2%	107	100.0%

Chi square= .084                      df 2

As indicated in Table 25, of the 107 male respondents, 23 or 21.5% percent from those who suffered from child abuse drinks 1-2 drinks daily (low risk drinking). This table shows that there is no relationship between history of parental child abuse and alcohol dependency among Saudi Arabians. When the chi square test was applied, the null hypothesis was not rejected indicating that there was not a statistically significant relationship (.084) between history of parental child abuse and alcohol dependency among Saudi Arabians at the .05 level of probability.

Research question 5: Is there a relationship between alcohol dependency and friends influence in starting alcohol use?



Hypothesis 5: There is no statistically significant relationship between alcohol dependency and friends influence in starting alcohol use.

Table 26 is a crosstabulation between alcohol dependency and friends' influence in starting alcohol use among Saudi Arabians. It shows the relationship between the two variables and indicates whether there is a relationship between alcohol dependency and friends influence in starting alcohol use among Saudi Arabians.

Table 26

Cross tabulation of the reason first start drinking and alcohol dependency level (the quantity of alcohol use) (N= 120)

	<u>The quantity of alcohol use</u>							
	1-2 drinks		2-3 drinks		4 drinks or more		Total	
	#	%	#	%	#	%	#	%
Reason first start drinking								
A family member	5	4.4%	1	.9%	2	1.8%	8	7.1%
Friends	37	32.7%	14	12.4%	22	19.5%	73	64.6%
Family issues	5	4.4%	2	1.8%	2	1.8%	9	8.0%
Life problems	6	5.3%	1	0.9%	2	1.8%	9	8.0%
Other	7	6.2%	3	2.7%	4	3.5%	14	12.4%
Total	60	53.1%	21	18.6%	32	28.3%	113	100.0%

Chi square = .993

df 8

As indicated in Table 26, of the 113 male respondents, the largest number of respondents, 37 or 32.7% from those whose friends were the main reason that led them to drink were drinking 1-2 drinks daily (low risk drinking). The next largest number of respondents, 22 or 19.5% from those whose friends were the main reason that led them to drink alcohol were drinking 4 or more drinks daily (high risk drinking). This table shows that there is no relationship between alcohol dependency and friends' influence in starting alcohol use among Saudi Arabians. When the chi square test was applied, the null hypothesis was not rejected indicating that there was not a statistically significant relationship (.993) between alcohol dependency and friends' influence in starting alcohol use among Saudi Arabians at the .05 level of probability.

## CHAPTER V

### CONCLUSIONS AND RECOMMENDATIONS

The study was designed to examine the psychosocial factors influencing alcohol use among Saudi Arabians. The study also analyzed the target population and answered five research questions about some influencing psychosocial factors leading to alcohol use and abuse among male Saudi Arabians.

This chapter presents the conclusions and recommendations of the research findings as well as general implications and recommendations driven by this study to assume further research opportunities. Each research question is presented in this chapter in order to summarize the significant findings of the study.

Research question 1: Is there any relationship between educational status and alcohol dependency among Saudi Arabians?

In order to determine if there was a relationship between educational status and alcohol dependency among 120 Saudi Arabian males, a crosstabulation of the two variables was tabulated. The analysis indicated that of the 113 male respondents, 28 or 24.8% whose current educational status was secondary school were having 1-2 drinks daily (low risk drinking). It indicates that there is no relationship between the two variables. Also, when the test statistic (chi square) was applied, the results indicated that

there was not a statistically significant relationship (.487) between the two variables at the .05 level of probability.

Research question 2: Is there any relationship between income and alcohol dependency among Saudi Arabians?

In order to determine if there was a relationship between income and alcohol dependency among 120 Saudi Arabian males, a crosstabulation of the two variables was tabulated. The analysis indicated that of the 71 male respondents, 17 or 23.9% were unemployed with a monthly income under 3,000 SR were having 1-2 drinks daily (low risk drinking). It indicates that there is no relationship between the two variables. Also, when the test statistics (chi square) was applied, the results indicated that there was not a statistically significant relationship (.837) at the .05 level of probability between the two variables.

Research question 3: Is there any relationship between depression and alcohol dependency among Saudi Arabians?

In order to determine if there was a relationship between depression and alcohol dependency among 120 Saudi Arabian males, a crosstabulation of the two variables was tabulated. The analysis indicated that of the 113 male respondents, 7 or 6.2% from those who have 1-2 drinks daily indicated that depression is the main psychosocial reason for drinking alcoholic beverages. It indicates that there is no relationship between the two variables. Also, when the test statistics (chi square) was applied, the results indicated that

there was not a statistically significant relationship (.351) between the two variables at the .05 level of probability.

Research question 4: Is there any relationship between history of parental child abuse and alcohol dependency among Saudi Arabians?

In order to determine if there was a relationship between history of parental child abuse and alcohol dependency among 120 Saudi Arabian males, a crosstabulation of the two variables was tabulated. The analysis indicated that of the 107 male respondents, 23 or 21.5% from those who suffered from child abuse drinks 1-2 drinks daily (low risk drinking). It indicates that there is no relationship between the two variables. Also, when the test statistics (chi square) was applied, the results indicated that there was not a statistically significant relationship (.084) between the two variables at the .05 level of probability.

Research question 5: Is there any relationship between alcohol dependency and friends' influence in starting alcohol use?

In order to determine if there was a relationship between alcohol dependency and friends' influence in starting alcohol use among 120 Saudi Arabian males, a crosstabulation of the two variables was tabulated. The analysis indicated that of the 113 male respondents, the largest number of respondents, 37 or 32.7% from those whose friends were the main reason that led them to drink were drinking 1-2 drinks daily (low risk drinking). It indicates that there is no relationship between the two variables. Also, when the test statistics (chi square) was applied, the results indicated that there was not a

statistically significant relationship (.993) between the two variables at the .05 level of probability.

#### Implication for Social Work Practice

The result of this study addressed the psychosocial factors influencing alcohol use and abuse among male Saudi Arabians. Many implications based on the psychosocial findings have been characterized by this study. The findings of this study can be utilized by social workers to address the issues and the need for intervention strategies to manage this issue among the Saudi Arabian population. Theoretical approaches should be used in education, prevention, and treatment of alcohol use among SA.

Prevention intervention is one of the best methods for deterring individuals from alcohol use and abuse. Therefore, social workers have to enhance their understanding of psychosocial factors influencing alcohol use in order to: (1) directly engage in prevention and treatment of alcohol use among Saudi Arabians; (2) develop new prevention programs and strategies that focus on early identification of those psychosocial risks and causal factors; and (3) detect methods that efficiently address these factors and apply these methods in research targeting general populations as well as high risk populations.

For instance, as the age factor plays an important role in initiation of some of these factors, prevention programs and strategies focusing on delaying the age of initiation may prevent alcohol use later in life. Moreover, intervention strategies targeting those who are at high risk of alcohol use and to children who have a family history of alcohol abuse may also prevent later alcohol use.

Next, social workers have to: (1) study and evaluate available knowledge and programs for prevention, intervention, and treatment of alcohol use; (2) examine and modify programs and services that address the need for community participation and support; (3) research conclusions that help researchers and social workers to adapt themselves, while dealing with alcohol abuse patients; and (4) develop strategies focusing on cognitive behavioral approach, such as recognizing trigger signals that lead to alcohol use or to relapse from sobriety.

Social workers have to adopt strategies to encourage family interaction and emphasize the importance of family participation, especially parents, in alcohol educational, treatment, and prevention programs. Moreover, they have to emphasize the need for families to provide education and protection for their children from interaction outside the family and association with alcohol abusing friends, which may prevent early age abuse. In addition, as alcohol abuse is seen mostly in individuals with a low academic level, professionals have to encourage and support academic accomplishment and family involvement to enhance school achievement, which may prevent later alcohol abuse.

Examining different existing therapies and developing behavioral modification therapies, such as social influence resistance skills training and fostering social norms against alcohol use, should be undertaken in order to prevent the influence of psychosocial factors in alcohol use and abuse. Lastly, social workers have to identify barriers that prevent SA society from utilizing the available resources in order to solve this problem and increase the utilization of those available resources.

### Recommendations

As a result of the findings of this study, the researcher is recommending the following:

1. A larger sample size, that includes women, is needed in future research which could add to the research outcome.
2. A national epidemiologic survey has to be conducted to collect information about alcohol abuse and related psychosocial and health issues among both males and females.
3. A research method is needed to: (1) adopt and develop strategies that deal with and solve the associated psychosocial and health problems that initiate alcohol use; (2) assess alcohol use and abuse and its negative consequences; and (3) plan prevention, intervention, treatment, and rehabilitation programs.
4. Research should be undertaken to determine which risk factors cause alcohol abuse in order to discover which risk factors should be targeted in prevention policy and programs.
5. Raise public awareness about the hazard of alcohol abuse by developing and creating awareness strategies and programs.
6. Society and professional educational effort in utilizing available alcohol use prevention and treatment programs have to be applied.
7. A positive social norms approach toward alcohol education should be implemented.



8. Facilitate and advocate professional awareness and knowledge of alcohol abuse and its related health, psychosocial, and other issues by implementing educational programs and curriculum, and expanding professional skill-based training.

## APPENDICES

APPENDIX A

SURVEY QUESTIONNAIRE

PSYCHOSOCIAL FACTORS INFLUENCING ALCOHOL USE  
AMONG SAUDI ARABIANS

**Section I: Demographic Information**

Place a mark (x) next to the appropriate item. Choose only one answer for each question.

1. My age group: 1) ☐ under 18   2) ☐ 18-24   3) ☐ 25-35   4) ☐ 36-45   5) ☐ Over 45
2. My gender: 1) ☐ Male   2) ☐ Female
3. My nationality: 1) ☐ Saudi   2) ☐ Non-Saudi
4. My marital Status: 1) ☐ Married   2) ☐ Never Married   3) ☐ Divorced  
4) ☐ Widowed   5) ☐ Divorced/Remarried
5. How many children do you have? 1) ☐ None   2) ☐ One   3) ☐ Two  
4) ☐ Three   5) ☐ More than three
6. From the following list, select one statement that describes your parents' situation:
  - 1) ☐ My parents are alive and they are living together.
  - 2) ☐ My parents are alive, but they are divorced.
  - 3) ☐ My parents are alive, but they are separated.
  - 4) ☐ Both my parents are deceased.
  - 5) ☐ My father is alive, but my mother is deceased.
  - 6) ☐ My mother is alive, but my father is deceased.
  - 7) ☐ Other, specify \_\_\_\_\_
7. How often do you perform religious practices? 1) ☐ Always   2) ☐ Sometimes  
3) ☐ Never

## APPENDIX A (continued)

**Section II. Family Educational Background**

Place a mark (x) next to the appropriate item. Choose only one answer for each question.

8. What is your current educational status? 1) \_\_\_ Illiterate 2) \_\_\_ Can read and write  
3) \_\_\_ Elementary 4) \_\_\_ Intermediate 5) \_\_\_ Secondary 6) \_\_\_ Diploma  
7) \_\_\_ College 8) \_\_\_ Post graduate 9) \_\_\_ Other
9. What is your father's educational status? 1) \_\_\_ Illiterate 2) \_\_\_ Can read and write  
3) \_\_\_ Elementary 4) \_\_\_ Intermediate 5) \_\_\_ Secondary 6) \_\_\_ Diploma  
7) \_\_\_ College 8) \_\_\_ Post graduate 9) \_\_\_ Other
10. What is your mother's educational status? 1) \_\_\_ Illiterate 2) \_\_\_ Can read and write  
3) \_\_\_ Elementary 4) \_\_\_ Intermediate 5) \_\_\_ Secondary 6) \_\_\_ Diploma  
7) \_\_\_ College 8) \_\_\_ Post graduate 9) \_\_\_ Other

**Section III. Employment Background**

Place a mark (x) next to the appropriate item. Choose only one answer for each question.

11. My current employment status: 1) \_\_\_ Full-time 2) \_\_\_ Part-time 3) \_\_\_ Unemployed  
4) \_\_\_ Student 5) \_\_\_ Student-Employed 6) \_\_\_ Retired 7) \_\_\_ Self-employed 8) \_\_\_ Other
12. My monthly income: 1) \_\_\_ Under 3,000 SR 2) \_\_\_ 3,000-5,999 SR 3) \_\_\_ 6,000-9,999 SR  
4) \_\_\_ 10,000- 15,000 SR 5) \_\_\_ over 15,000 SR
13. Does your current employment provide enough money for you to pay your monthly expenses? 1) \_\_\_ Not enough 2) \_\_\_ Enough 3) \_\_\_ More than enough

**Section IV. Psychosocial Factors influencing alcohol use among Saudi Arabians**

Place a mark (x) next to the appropriate item. Choose only one answer for each question.

14. Do you drink alcoholic beverages: 1) \_\_\_ Yes 2) \_\_\_ No
15. From your viewpoint, drinking an alcoholic beverage is:  
1) \_\_\_ A normal habit 2) \_\_\_ A disease 3) \_\_\_ A sin 4) \_\_\_ Other
16. How old were you when you had your first drink of an alcoholic beverage?  
1) \_\_\_ Under 18 2) \_\_\_ 18-24 3) \_\_\_ 25-35 4) \_\_\_ 36-45 5) \_\_\_ Over 45
17. Describe your drinking:  
1) \_\_\_ 1-2 drinks daily 2) \_\_\_ 2-3 drinks daily 3) \_\_\_ 4 drinks or more daily
18. Describe how often you drink an alcoholic beverage:  
1) \_\_\_ Daily 2) \_\_\_ A few times a week 3) \_\_\_ Weekends

## APPENDIX A (continued)

**Section IV. Psychosocial Factors influencing alcohol use among Saudi Arabians continued...**

Place a mark (x) next to the appropriate item. Choose only one answer for each question.

19. How easy is it for you to get alcoholic beverages?

- 1) ☐ Very easy 2) ☐ Easy 3) ☐ Moderate 4) ☐ Difficult 5) ☐ Extremely difficult

20. The reason I first started drinking alcohol was because of:

- 1) ☐ A family member 2) ☐ Friends 3) ☐ Family issues  
4) ☐ Life problems 5) ☐ Other

21. When did you start feeling that you had a drinking problem?

- 1) ☐ I do not have a drinking problem  
2) ☐ Less than one year ago  
3) ☐ 1-3 yrs ago  
4) ☐ 4-6 yrs ago  
5) ☐ 7-9 yrs ago  
6) ☐ 10 yrs ago or more

22. What are the main reasons for drinking alcoholic beverages? Mark all that apply.

A. Social reasons:

- 1) ☐ Inexpensive availability of alcohol beverages  
2) ☐ Family and friends' influence  
3) ☐ Absence of religious faith  
4) ☐ Absence of parental control  
5) ☐ No law intimidating addicts

B. Personality reasons:

- 1) ☐ Sensation seeking  
2) ☐ Gregarious  
3) ☐ Impulsive  
4) ☐ Rebellious  
5) ☐ None

C. Psychological reasons:

- 1) ☐ To feel happy  
2) ☐ To relax  
3) ☐ To behave normally  
4) ☐ To release anxiety  
5) ☐ To ease depression  
6) ☐ To forget problems  
7) ☐ To cope with stress  
8) ☐ Only for the sake of drinking  
9) ☐ Other

23. Have you ever suffered from child abuse? 1) ☐ Yes 2) ☐ No

## APPENDIX A (continued)

**Section IV. Psychosocial Factors influencing alcohol use among Saudi Arabians continued...**

Place a mark (x) next to the appropriate item. Choose only one answer for each question.

24. Where do you usually drink alcoholic beverages?  
1) \_\_\_ At home 2) \_\_\_ At other's home 3) \_\_\_ At a private resort  
4) \_\_\_ Outside of the Kingdom 5) \_\_\_ Other
25. With whom do you usually drink alcoholic beverages?  
1) \_\_\_ Alone 2) \_\_\_ With a friend 3) \_\_\_ With my wife  
4) \_\_\_ With other family members 5) \_\_\_ Other
26. Does anyone else in your family use addictive drugs or alcohol? 1) \_\_\_ Yes 2) \_\_\_ No
27. Do you have a family history of high-risk drinking?  
1) \_\_\_ No, I do not 2) \_\_\_ Father 3) \_\_\_ Mother 4) \_\_\_ Both (Father and Mother)  
5) \_\_\_ Grandparents 6) \_\_\_ Other family member
28. How many drinking friends do you have?  
1) \_\_\_ None 2) \_\_\_ One 3) \_\_\_ 2-5 4) \_\_\_ Over 5
29. How many times did your friends try to stop you from drinking alcohol?  
1) \_\_\_ A lot 2) \_\_\_ Some 3) \_\_\_ Not much 4) \_\_\_ Not at all
30. How often have your friends asked you to drink?  
1) \_\_\_ A lot 2) \_\_\_ Some 3) \_\_\_ Not much 4) \_\_\_ Not at all

*Thank you for your cooperation*

## APPENDIX B

### SURVEY QUESTIONNAIRE IN ARABIC

#### استبيان عن العوامل النفسية والاجتماعية التي تؤدي إلى تعاطي الكحول

##### القسم الأول: معلومات شخصية

نصلاً ضع علامة ( ✓ ) عند الخيار المناسب. اختر إجابة واحدة فقط لكل سؤال.

1. الفئة العمرية: ( أ ) أقل من 18 عام ( ب ) 18-24 عام ( ج ) 25-35 عام ( د ) 36-45 عام ( هـ ) أكبر من 45 عام
2. الجنس: ( أ ) ذكر ( ب ) أنثى
3. الجنسية: ( أ ) سعودي ( ب ) غير سعودي
4. الحالة الاجتماعية: ( أ ) متزوج ( ب ) لم يسبق لي الزواج ( ج ) مطلق ( د ) أرمل / أرملة ( هـ ) مطلق ( و ) مطلق. وتزوجت مرة أخرى
5. كم عدد أبنائك؟ ( أ ) لا يوجد ( ب ) واحد ( ج ) ولدان ( د ) ثلاثة أولاد ( هـ ) أكثر من ثلاثة
6. اختر من القائمة أدناه، الوصف المناسب لحالة والديك الاجتماعية:  
( أ ) والداي على قيد الحياة، ويعيشان سوياً.  
( ب ) والداي على قيد الحياة إلا إنهم مطلقان.  
( ت ) والداي على قيد الحياة إلا إنهم منفصلان.  
( ث ) والداي ليسا على قيد الحياة.  
( ج ) أبي على قيد الحياة ولكن أمي متوفاة.  
( ح ) أمي على قيد الحياة ولكن أبي متوفاة.  
( خ ) أخرى. الرجاء التوضيح.....
7. ما هو مدى التزامك بتأدية واجباتك الدينية؟ ( أ ) دائماً ( ب ) أحياناً ( ج ) أبداً

##### القسم الثاني: المستوى التعليمي للأسرة

نصلاً ضع علامة ( ✓ ) عند الخيار المناسب. اختر إجابة واحدة فقط لكل سؤال.

8. ما هو مستواك التعليمي حالياً: ( أ ) أمي ( ب ) أستطيع الكتابة والقراءة ( ج ) ابتدائي ( د ) متوسط ( هـ ) ثانوي ( و ) دبلوم ( ز ) بكالوريوس ( ح ) دراسات عليا ( ط ) أخرى
9. ما هو مستوى أبائك التعليمي: ( أ ) أمي ( ب ) أستطيع الكتابة والقراءة ( ج ) ابتدائي ( د ) متوسط ( هـ ) ثانوي ( و ) دبلوم ( ز ) بكالوريوس ( ح ) دراسات عليا ( ط ) أخرى
10. ما هو مستوى أمك التعليمي: ( أ ) أمي ( ب ) أستطيع الكتابة والقراءة ( ج ) ابتدائي ( د ) متوسط ( هـ ) ثانوي ( و ) دبلوم ( ز ) بكالوريوس ( ح ) دراسات عليا ( ط ) أخرى

## APPENDIX B (continued)

## القسم الثالث: المعلومات الوظيفية.

فضلاً ضع علامة ( ✓ ) عند الخيار المناسب. اختر إجابة واحدة فقط لكل سؤال.

11. حالتني الوظيفية الآن هي: ( أ ) \_\_ أعمل بدوام كامل ( ب ) \_\_ أعمل بدوام جزئي  
( ج ) \_\_ عاطل عن العمل ( د ) \_\_ طالب ( هـ ) \_\_ أعمل وأدرس  
( و ) \_\_ متقاعد ( ز ) \_\_ أعمال حرة ( ح ) \_\_ أخرى
12. يبلغ دخلك الشهري: ( أ ) \_\_ أقل من 3000 ريال ( ب ) \_\_ بين 3000-5999 ريال  
( ج ) \_\_ بين 6000-9999 ريال ( د ) \_\_ بين 10000-15000 ريال  
( هـ ) \_\_ أكثر من 15000 ريال
13. هل يفي مرتبك الشهري بمصروفاتك الشهرية؟  
( أ ) \_\_ غير كافٍ ( ب ) \_\_ كافٍ ( ج ) \_\_ يزيد عن احتياجي

## القسم الرابع: العوامل النفسية والاجتماعية التي أدت إلى شرب الكحول

فضلاً ضع علامة ( ✓ ) عند الخيار المناسب. اختر إجابة واحدة فقط لكل سؤال.

14. هل تشرب المشروبات الكحولية؟ ( أ ) \_\_ نعم ( ب ) \_\_ لا
15. هل ترى إن شرب الكحول عبارة عن:  
( أ ) \_\_ سلوك طبيعي ( ب ) \_\_ مرض ( ج ) \_\_ ذنب ( د ) \_\_ أخرى
16. كم كان عمرك عند شربك للكحول أول مرة؟  
( أ ) \_\_ أقل من 18 عام ( ب ) \_\_ 18-24 عام ( ج ) \_\_ 25-35 عام  
( د ) \_\_ 36-45 عام ( هـ ) \_\_ أكبر من 45 عام
17. ماهو معدل شربك للكحول؟  
( أ ) \_\_ مشروب واحد إلى مشروبين يومياً ( ب ) \_\_ مشروبين إلى ثلاث مشروبات يومياً  
( ج ) \_\_ أربع مشروبات أو أكثر يومياً
18. متى عادةً تشرب الكحول؟  
( أ ) \_\_ يومياً ( ب ) \_\_ عدة مرات في الاسبوع ( ج ) \_\_ في نهاية الاسبوع ( عطلة الاسبوع )  
( د ) \_\_ في أي يوم
19. ما مدى سهولة الحصول على الكحول؟  
( أ ) \_\_ سهل جداً ( ب ) \_\_ سهل ( ج ) \_\_ إعتيادي ( د ) \_\_ صعب ( هـ ) \_\_ صعب جداً
20. أول سبب قادني لشرب الكحول هو:  
( أ ) \_\_ فرد من العائلة ( ب ) \_\_ أصدقاء ( ج ) \_\_ مشكلة عائلية ( د ) \_\_ صعوبة في الحياة  
( هـ ) \_\_ أخرى



## APPENDIX B (continued)

## القسم الرابع: العوامل النفسية والاجتماعية التي أدت إلى شرب الكحول (تكملة)

تفلاً ضع علامة (✓) عند الخيار المناسب. اختر إجابة واحدة فقط لكل سؤال.

21. متى أدركت بأن لديك مشكلة تتعلق بشرب الكحول؟

- (أ) \_\_ ليس لدي مشكلة تتعلق بشرب الكحول (ب) \_\_ أقل من سنة (ج) \_\_ 1-3 سنوات  
 (د) \_\_ 4-6 سنوات (هـ) \_\_ 7-9 سنوات (و) \_\_ أكثر من 10 سنوات  
 22. من الأسباب الرئيسية التي قادني لشرب الكحول هي: (الرجاء إختيار جميع الاجابات المناسبة)  
 أ- أسباب اجتماعية:

- 1) \_\_ رخص أسعار الكحول  
 2) \_\_ تأثير العائلة والأصدقاء  
 3) \_\_ ضعف الوازع الديني  
 4) \_\_ غياب رقابة الوالدين  
 5) \_\_ عدم وجود عقوبة رادعة لشرب الكحول

ب- أسباب شخصية:

- 1) \_\_ الرغبة في إحساس جديد  
 2) \_\_ الرغبة في الجلوس مع أشخاص محددین  
 3) \_\_ التهور  
 4) \_\_ محاولة كسر العادات والأنظمة  
 5) \_\_ لا شيء من ذلك

ج- أسباب نفسية:

- 1) \_\_ للشعور بالسعادة  
 2) \_\_ للاسترخاء  
 3) \_\_ للتصرف بسلوك طبيعي  
 4) \_\_ للقضاء على القلق  
 5) \_\_ للتخفيف من الاكتئاب  
 6) \_\_ لكي تنسى المشاكل  
 7) \_\_ للتأقلم مع الضغوط  
 8) \_\_ لا شيء إلا للشرب فقط  
 9) \_\_ أخرى

23. هل عانيت من سوء معاملة في الصغر؟ (أ) \_\_ نعم (ب) \_\_ لا

## APPENDIX B (continued)

## القسم الرابع: العوامل النفسية والاجتماعية التي أدت إلى شرب الكحول (تكملة)

فضلاً ضع علامة (✓) عند الخيار المناسب. اختر إجابة واحدة فقط لكل سؤال.

24. أين تشرب الكحول عادة؟  
 (أ) في المنزل (ب) في بيت أناس آخرين (ج) في متجعات (استراحات) خاصة  
 (د) خارج المملكة (هـ) أخرى
25. مع من عادةً تشرب الكحول؟  
 (أ) وحيداً (ب) مع صديق (ج) مع زوجتي (د) مع فرد من العائلة  
 (هـ) أخرى
26. هل تستخدم أحد من أفراد أسرتك مواد مخدرة أو يشرب الكحول؟ (أ) نعم (ب) لا
27. هل عانى أحد من أفراد أسرتك من مشكلة الإدمان على الكحول؟  
 (أ) لا يوجد (ب) أبي (ج) أمي (د) أمي وأبي (هـ) جدي أو جديتي  
 (و) فرد آخر من أفراد العائلة
28. كم صديق من أصدقائك يشرب الكحول؟  
 (أ) لا أحد (ب) 1-2 أصدقاء (ج) 4-5 أصدقاء (د) أكثر من 5 أصدقاء
29. كم مرة حاول أصدقائك أن يمنعوك من شرب الكحول؟  
 (أ) الكثير من المرات (ب) بعض المرات (ج) القليل من المرات  
 (د) لم يحاولوا إيقافني
30. كم مرة دعاك أصدقائك لشرب الكحول؟  
 (أ) الكثير من المرات (ب) بعض المرات (ج) القليل من المرات  
 (د) لم يدعوني مطلقاً

شكراً لتعاونك معنا...

## APPENDIX C

### SPSS PROGRAM ANALYSIS

TITLE 'FACTORS INFLUENCING ALCOHOL USE AMONG SAUDI ARABIANS'.  
SUBTITLE 'Ahmed Alinsaif CAU School of Social Work'.

DATA LIST FIXED/

ID 1-3  
AGEGRP 4  
GENDER 5  
NATION 6  
MARITAL 7  
CHILD 8  
PARENT 9  
RELIGI 10  
EDUCAT 11  
FATEDU 12  
MOMEDU 13  
EMPLOY 14  
INCOME 15  
MONEY 16  
DRINK 17  
VIEWPO 18  
FIRST 19  
DESCRB 20  
HOWOFT 21  
HOWEASY 22  
REASON 23  
START 24  
SOCIAL 25  
PERSON 26  
PSYCHO 27  
ABUSE 28  
USUAL 29  
WHOM 30  
ANYONE 31  
HISTO 32  
MANY 33  
FRIEND 34  
ASKED 35.

VARIABLE LABELS

ID 'Case Number'  
AGEGRP 'Q1 My age group'  
GENDER 'Q2 My gender'  
NATION 'Q3 My nationality'  
MARITAL 'Q4 My marital status'

## APPENDIX C (continued)

CHILD 'Q5 How many children do you have'  
 PARENT 'Q6 Select one statement that describe your parents situation'  
 RELIGI 'Q7 How often do you perform religious practices'  
 EDUCAT 'Q8 What is your current educational status'  
 FATEDU 'Q9 What is your fathers educational status'  
 MOMEDU 'Q10 What is your mothers educational status'  
 EMPLOY 'Q11 My current employment status'  
 INCOME 'Q12 My monthly income'  
 MONEY 'Q13 Current employment provide enough money to pay monthly expenses'  
 DRINK 'Q14 Do you drink alcoholic beverages'  
 VIEWPO 'Q15 From your viewpoint drinking an alcoholic beverage is'  
 FIRST 'Q16 How old were you when you had your first drink of an alcoholic beverage'  
 DESCRB 'Q17 Describe your drinking'  
 HOWOFT 'Q18 Describe how often do you drink an alcoholic beverage'  
 HOWEASY 'Q19 How easy is it for you to get alcoholic beverages'  
 REASON 'Q20 The reason I first started drinking alcohol was because of'  
 START 'Q21 When did you start feeling that you had a drinking problem'  
 SOCIAL 'Q22A The main social reason for drinking alcoholic beverages'  
 PERSON 'Q22B The main personality reason for drinking alcoholic beverages'  
 PSYCHO 'Q22C The main psycholological reason for drinking alcoholic beverages'  
 ABUSE 'Q23 Have you ever suffered from child abuse'  
 USUAL 'Q24 Where do you usually drink alcoholic beverages'  
 WHOM 'Q25 With whom do you usually drink alcoholic beverages'  
 ANYONE 'Q26 Does anyone in your family use addictive drugs or alcohol'  
 HISTO 'Q27 Do you have a family history of high-risk drinking'  
 MANY 'Q28 How many drinking friends do you have'  
 FRIEND 'Q29 How many times did your friends try to stop your from drinking alcohol'  
 ASKED 'Q30 How often have your friends asked you to drink'.

## VALUE LABELS

## AGEGRP

- 1 'Under 18'
- 2 '18-24'
- 3 '25-35'
- 4 '36-45'
- 5 'Over 45'/'

## GENDER

- 1 'Male'
- 2 'Female'/'

## NATION

- 1 'Saudi'
- 2 'Non-Saudi'/'

## MARITAL

- 1 'Married'
- 2 'Never Married'
- 3 'Divorced'

## APPENDIX C (continued)

4 'Widowed'  
 5 'Divorced-Remarried'/  
 CHILD  
 1 'None'  
 2 'One'  
 3 'Two'  
 4 'Three'  
 5 'More than three'/  
 PARENT  
 1 'Parents alive and living together'  
 2 'Parents alive but divorced'  
 3 'Parents alive but separated'  
 4 'Both parents are deceased'  
 5 'Father is alive-mother is deceased'  
 6 'Mother is alive-father is deceased'  
 7 'Other situation than listed'/  
 RELIGI  
 1 'Always'  
 2 'Sometimes'  
 3 'Never'/  
 EDUCAT  
 1 'Illiterate'  
 2 'Can read and write'  
 3 'Elementary'  
 4 'Intermediate'  
 5 'Secondary'  
 6 'Diploma'  
 7 'College'  
 8 'Post graduate'  
 9 'Other'/  
 FATEDU  
 1 'Illiterate'  
 2 'Can read and write'  
 3 'Elementary'  
 4 'Intermediate'  
 5 'Secondary'  
 6 'Diploma'  
 7 'College'  
 8 'Post graduate'  
 9 'Other'/  
 MOMEDU  
 1 'Illiterate'  
 2 'Can read and write'  
 3 'Elementary'  
 4 'Intermediate'  
 5 'Secondary'  
 6 'Diploma'  
 7 'College'  
 8 'Post graduate'  
 9 'Other'/

## APPENDIX C (continued)

## EMPLOY

- 1 'Full-time'
- 2 'Part-time'
- 3 'Unemployed'
- 4 'Student'
- 5 'Student-Employed'
- 6 'Retired'
- 7 'Self employed'
- 8 'Other'/'

## INCOME

- 1 'Under 3,000 SR'
- 2 '3,000-5,999 SR'
- 3 '6,000-9,999 SR'
- 4 '10,000-15,000 SR'
- 5 'Over 15,000 SR'/'

## MONEY

- 1 'Not enough'
- 2 'Enough'
- 3 'More than enough'/'

## DRINK

- 1 'Yes'
- 2 'No'/'

## VIEWPO

- 1 'A normal habit'
- 2 'A disease'
- 3 'A sin'
- 4 'Other'/'

## FIRST

- 1 'Under 18'
- 2 '18-24'
- 3 '25-35'
- 4 '36-45'
- 5 'Over 45'/'

## DESCRB

- 1 '1-2 drinks daily'
- 2 '2-3 drinks daily'
- 3 '4 drinks or more daily'/'

## HOWOFT

- 1 'Daily'
- 2 'Few times a week'
- 3 'Weekends'/'

## HOWEASY

- 1 'Very easy'
- 2 'Easy'
- 3 'Moderate'
- 4 'Difficult'
- 5 'Extremely difficult'/'

## REASON

- 1 'A family member'
- 2 'Friends'
- 3 'Family issues'

## APPENDIX C (continued)

4 'Life problems'  
 5 'Other'/  
 START  
 1 'I do not have a drinking problem'  
 2 'Less than one year ago'  
 3 '1-3 yrs ago'  
 4 '4-6 yrs ago'  
 5 '7-9 yrs ago'  
 6 '10 yrs or more'/  
 SOCIAL  
 1 'Inexpensive availability of alcohol beverages'  
 2 'Family and friends influence'  
 3 'Absence of religious faith'  
 4 'Absence of parental control'  
 5 'No law intimidating addicts'/  
 PERSON  
 1 'Sensation seeking'  
 2 'Gregarious'  
 3 'Impulsive'  
 4 'Rebellions'  
 5 'None'/  
 PSYCHO  
 1 'To feel happy'  
 2 'To relax'  
 3 'To behave normally'  
 4 'To release anxiety'  
 5 'To ease depression'  
 6 'To forget problems'  
 7 'To cope with stress'  
 8 'Only for the sake of drink'  
 9 'Other'/  
 ABUSE  
 1 'Yes'  
 2 'No'/  
 USUAL  
 1 'At home'  
 2 'At others home'  
 3 'At a private resort'  
 4 'Outside of the Kingdom'  
 5 'Other'/  
 WHOM  
 1 'Alone'  
 2 'With a friend'  
 3 'With my wife'  
 4 'With other family members'  
 5 'Others'/  
 ANYONE  
 1 'Yes'  
 2 'No'/  
 HISTO  
 1 'No I do not have'  
 2 'Father'

## APPENDIX C (continued)

```

3 'Mother'
4 'Both Father-Mother'
5 'Grandparents'
6 'Other family members'/
MANY
1 'None'
2 'One'
3 '2-5'
4 'Over 5'/'
FRIEND
1 'A lot'
2 'Some'
3 'Not Much'
4 'Not at all'/'
ASKED
1 'A lot'
2 'Some'
3 'Not Much'
4 'Not at all'/'

MISSING VALUES
  AGEGRP GENDER NATION MARITAL CHILD PARENT RELIGI EDUCAT FATEDU
  MOMEDU EMPLOY INCOME MONEY DRINK VIEWPO FIRST  DESCRB HOWOFT HOWEASY
  REASON
  START SOCIAL PERSON PSYCHO ABUSE USUAL WHOM ANYONE HISTO MANY FRIEND
  ASKED (0).

BEGIN DATA
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```



## APPENDIX C (continued)

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## APPENDIX C (continued)

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END DATA.

## APPENDIX C (continued)

```
FREQUENCIES
/VARIABLES AGEGRP GENDER NATION MARITAL CHILD PARENT RELIGI EDUCAT
FATEDU
MOMEDU EMPLOY INCOME MONEY DRINK VIEWPO FIRST  DESCRB HOWOFT HOWEASY
REASON
START SOCIAL PERSON PSYCHO ABUSE USUAL WHOM ANYONE HISTO MANY FRIEND
ASKED
/STATISTICS = DEFAULT.
```

APPENDIX D  
SURVEY APPROVAL LETTER

Kingdom of Saudi Arabia

Ministry of Health

General Directorate of Health Affairs Eastern Province

AL-AMAL COMPLEX FOR MENTAL HEALTH



المملكة العربية السعودية

وزارة الصحة

المديرية العامة للشؤون الصحية بالمنطقة الشرقية

مجمع الأمل للصحة النفسية

10,Dec, 2011

Dear Dr . Waymer

Whitney M.Young , Jr.

School of Social Work

CLARK ATLANTA UNIVERSITY

I would like to express our deep appreciation to select the Al Amal complex for Mental Health- Dammam ,to collect data of the Master thesis " The Psychological Factors influencing alcohol use among Saudi Arabians " which was accomplished by Mr .Alinasaif .

We would like to inform you that we have No objection to collect the data from our Complex , and providing us the Research when it is completed

Regards

Mohamed Al Zahrani . PhD

General supervisor

Al Amal complex for Mental Health- Dammam



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مطابع صحة شرقية ١-٧-٤

APPENDIX E  
INFORMED CONSENT FORM

CONSENT FORM

Psychosocial Factors Influencing Alcohol Use among Saudi Arabians

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You are invited to participate in a study that seeks to understand and describe the psychosocial factors that influence the use of alcohol by Saudi Arabians. The study utilizes a survey with thirty questions concerning demographics information; family educational background; employment background and psychosocial factors of the participants.

There are no known risks or personal benefits to participants who agree to take part in this research. The purpose of this research is gain a better understanding of the problems associated with the use of alcohol by Saudi Arabians.

The research results from this survey are for the purpose of completing a thesis submitted to the faculty of the Clark Atlanta University School of Social Work in partial fulfillment of the requirements for the degree of Master of Social Work.

If there are questions about the study you may contact the principal researcher (Ahmed Alinsaif) by e-mail at: [aamn44@hotmail.com](mailto:aamn44@hotmail.com) or Dr. Robert Waymer, the research advisor, at the School of Social Work at 404-880-8561 in the USA.

My signature below verifies that I have read the statement above and agree to participate in this research survey. All responses to the survey are confidential.

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Name of Participant

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Signature of Participant

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Date

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